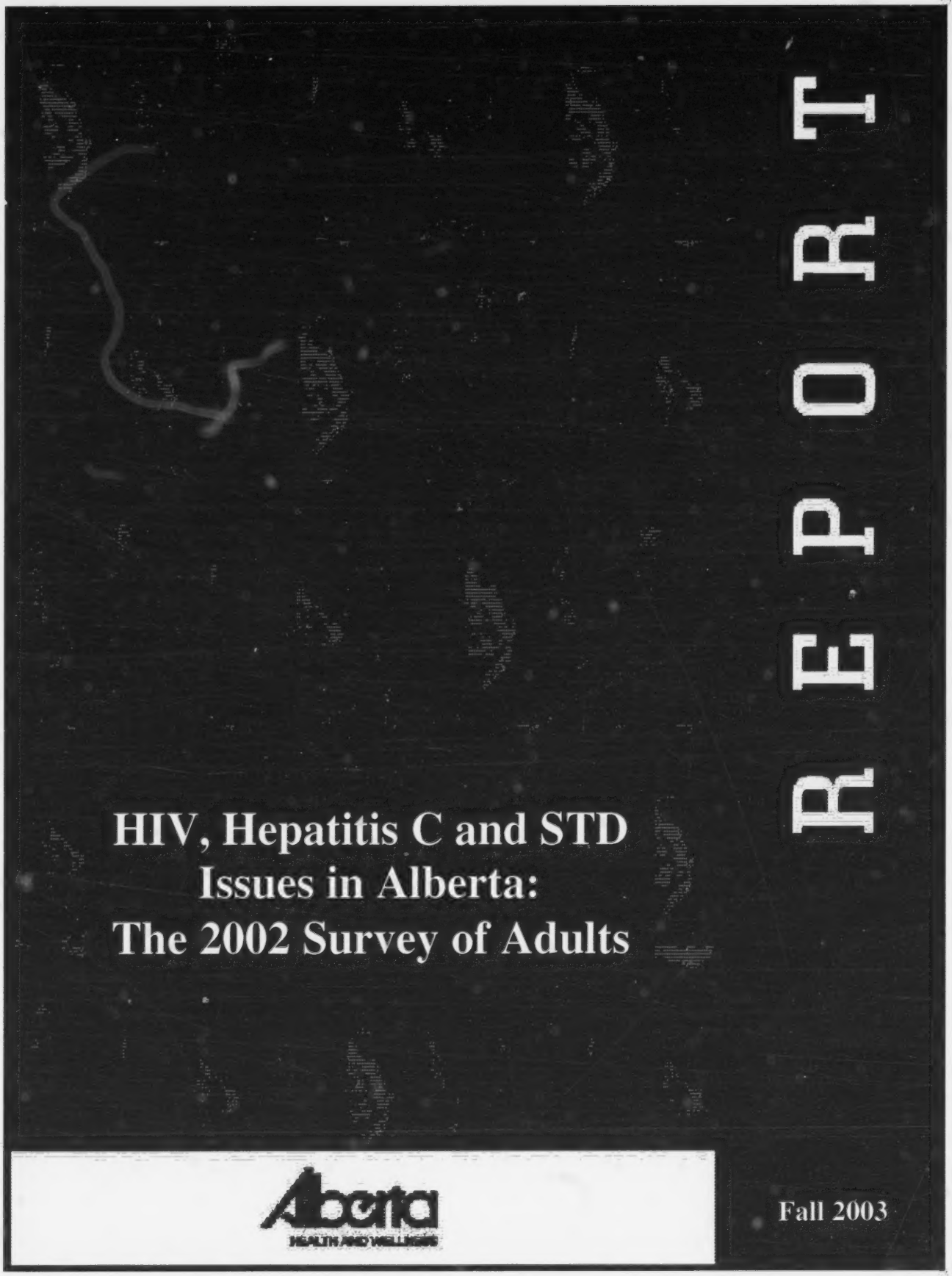

REPORT

HIV, Hepatitis C and STD Issues in Alberta: The 2002 Survey of Adults

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HIV, Hepatitis C and STD Issues in Alberta: The 2002 Survey of Adults

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1 Survey Highlights

The Study

- The HIV/Hepatitis C/STD Issues in Alberta 2002 Survey is the ninth in a series of studies beginning in 1990 and funded by Alberta Health and Wellness. This is the second study in this series to include Hepatitis C and the first to ask questions about sexually transmitted diseases in general. The previous surveys examined HIV/AIDS issues only.

- For the 2002 survey, a random sample of 1209 respondents representing the population of adult Albertans was interviewed by telephone. The sample was selected by random digit dialing.

Beliefs about the Curability of HIV

- Fifteen per cent of respondents in 2002 incorrectly believed HIV is curable compared to 24 per cent of respondents in 2000.

Pregnancy and HIV

- More than nine in every ten respondents to the 2002 survey correctly believed a pregnant woman can pass HIV to her unborn child. This result is the same as found in the 2000 survey.

- About one-quarter (24 per cent) of respondents in 2002 were aware women in Alberta are routinely tested for HIV when they become pregnant. About two-thirds (64 per cent) were correct in believing a pregnant woman in Alberta can refuse to be tested for HIV, although almost three in every four respondents (73 per cent) felt all pregnant women in Alberta should be tested for HIV.

Sharing Needles and HIV

- Nine out of ten respondents to the 2002 survey said they did not know anybody who had injected drugs in the past year that were not prescribed for them by a doctor. This result is the same as found in the 2000 survey.

- Twenty-eight respondents (two per cent) out of a total of 1209 respondents to the 2002 survey stated they knew at least one person personally who had injected non-prescription drugs or who had shared needles or other equipment used for injecting drugs with other people when injecting in the past year.

- Almost all respondents to the 2002 survey were aware a person can become infected with HIV by sharing needles used for: injecting steroids, injecting non-prescription drugs, injecting prescription drugs, body or ear piercing, or tattooing. This result is the same as found in the 2000 survey.

Sex and HIV

- Most respondents to the 2002 and 2000 surveys were aware a person can get HIV from unprotected sexual activities.

Young People and HIV

- Less than one in five respondents to the 2002 survey think "most" young people today are protecting themselves against HIV while almost three in every four respondents think "some, or a few" young people are protecting themselves. This result is the same as found in the 2000 survey.

- More than one-half (53 per cent) of respondents to the 2002 survey believed young people today are not paying attention to HIV prevention messages while most (72 per cent) believed young people today are at no less risk of being infected with HIV than young people were five years ago.

- The 39 per cent of respondents to the 2002 survey who believed young people today are not paying attention to HIV prevention messages were asked why they thought this. The explanations offered by these respondents typically made reference to the perceived invincibility, impulsiveness, irresponsibility and/or ignorance of youth.

Preventing the Spread of HIV

- Most respondents to the 2002 survey believed more prevention messages are needed to prevent further spread of HIV and most believed more access to condoms and needle exchanges is needed to prevent further spread of HIV. This result is the same as found in the 2000 survey.

Beliefs about Sexually Transmitted Diseases

- Virtually all respondents (98 per cent) to the 2002 survey were aware a person can have a sexually transmitted disease and not know they have it. Most respondents also knew sexually transmitted diseases can cause infertility (93 per cent) and loss of pregnancy (87 per cent). Fifty-seven per cent of respondents were aware having STD can increase one's chances of getting HIV while only 41 per cent were aware STD can cause cancer.

Sources of Information about HIV and STD

- In 2002, the most commonly identified sources of information about HIV and/or sexually transmitted diseases were: television/movies (30 per cent), books/magazines (20 per cent), school (14 per cent), newspapers (10 per cent), doctor/nurse/clinic (nine per cent) and pamphlets (six per cent).

- The most commonly *preferred* sources of information about HIV and/or sexually transmitted diseases were: doctor/nurse/clinic (35 per cent), television/movies (20 per cent), books/magazines (11 per cent), school (eight per cent), Internet (eight per cent), newspapers (seven per cent) and pamphlets (six per cent).

Internet and Sexual Contact

- Nine per cent of respondents to the 2002 survey (113 persons out of a total of 1204 respondents) indicated they or persons they know have used the Internet to arrange anonymous sexual contact.

Becoming Infected with Hepatitis C

- Most respondents to the 2002 survey knew a person can get Hepatitis C by sharing needles or other equipment to inject drugs not prescribed by a doctor (82 per cent), for body/ear piercing (79 per cent), for steroids (82 per cent) or for tattooing (81 per cent); via sexual contact (73 per cent) and from blood transfusions with infected blood (92 per cent). About one-half of respondents to the 2002 survey knew a person can get Hepatitis C by sharing personal items such as razors (53 per cent) or toothbrushes (48 per cent). On the other hand, 16 per cent of respondents to the 2002 survey mistakenly believed a person can get Hepatitis C from someone who is sneezing, or coughing or by hugging, kissing or shaking hands.

- Most respondents were aware a person can become infected with Hepatitis C by sharing needles used for: injecting steroids, injecting non-prescription drugs, injecting prescription drugs, body or ear piercing, or tattooing.

Testing for Hepatitis C or HIV

- Five per cent of respondents to the 2002 survey (55 individual respondents or n=55) said they would not go for a blood test to see if they had Hepatitis C or HIV if they ever, even once, shared injection drug equipment. On the other hand, 93 per cent (n=1107) indicated they would get tested while two per cent (n=25) said they did not know if they would go for a blood test.

- The 55 respondents who said they would not go for a blood test were asked why they would not seek testing. Some respondents said they would not share injection drug equipment or had not shared equipment and therefore would have no need of testing.

The remaining responses fell into the following categories: wait and see, no motivation, and barriers to testing.

Harm Reduction

- Ninety-one persons (eight per cent) out of a total 1209 respondents in 2002 said they had heard about harm reduction, compared to six per cent in 2000. Following an explanation of the harm reduction approach, 82 per cent of respondents to the 2002 survey said they thought it was useful while 12 per cent said it was not useful.

- Reasons given by respondents who thought harm reduction was a useful approach to take with injection drug users included: reduces the risk of spreading disease, reduces the use of dirty needles, increases awareness and reduces health care costs.

- Reasons given by respondents who said they did *not* think harm reduction was a useful approach to take with injection drug users included: should not encourage drug use, does not solve the underlying problem, better to stop drug use, users will share needles anyway and improper use of tax dollars.

2 Description of the Survey

Background

The HIV, Hepatitis C and STD Issues in Alberta 2002 Survey is the ninth in a series of studies conducted for Alberta Health and Wellness by the Population Research Laboratory of the Department of Sociology at the University of Alberta. The first seven surveys examined HIV/AIDS issues and were conducted in 1990, 1992, 1993, 1994, 1995, 1996 and 1998. The 2000 survey continued the focus on HIV and also examined issues regarding Hepatitis C. Finally, the 2002 survey focused on HIV, Hepatitis C and, in addition, asked several questions about sexually transmitted diseases (STD).

Objectives

The objectives of the 2002 survey were to measure the following:

- beliefs about the curability of HIV;
- knowledge about pregnancy and HIV, together with opinions regarding testing of pregnant women for HIV;
- knowledge about sharing needles and HIV;
- beliefs about the transmission of HIV through sexual activities;
- opinions about young people and HIV;
- opinions about ways to prevent the spread of HIV;
- beliefs about sexually transmitted diseases;
- sources of information about HIV and/or sexually transmitted diseases;
- use of the Internet to arrange anonymous sexual contact;
- knowledge about how a person becomes infected with Hepatitis C;
- testing for Hepatitis C or HIV;
- knowledge and opinions about the harm reduction approach to control diseases spread through injection drug use.

Sample

The relevant population for the 2002 Alberta Survey was all persons 18 years of age and older, residing in Alberta, and accessible by telephone. Separate samples were selected for Edmonton, Calgary and the remainder of Alberta. These samples were combined using appropriate weights so as to constitute a representative sample of adult Albertans. The sampling procedure involved two stages. First, households were selected using random digit dialing. Second, an adult respondent was selected from each household so an equal number of males and females were interviewed. There were a total of 1209 respondents with a response rate of 42 per cent. Response rates for general household surveys have been on the decline in recent years in part as a result of call display screening and the use of answering machines. Of eligible persons actually contacted, 56 per cent agreed to participate in the survey.

Data Collection

Interviews were conducted by telephone from October 29 to December 1, 2002.

Questionnaire

The annual Alberta Survey is an omnibus survey, which covers a wide range of topics that change from year to year. Standard socio-demographic data (i.e. age, sex and education) are obtained for each survey. The 2002 survey questions dealing with HIV, Hepatitis C and STD issues are attached in the appendix.

Profile of Respondents

Quota sampling for males and females produced a balanced sample with respect to gender. The median age of respondents was 41. Sixty-one per cent of respondents were currently married or living common-law, while 24 per cent of respondents were never married. The remainder (15 per cent) were separated, divorced or widowed. Three in four were currently employed in the paid labour force; another four per cent of respondents were unemployed and looking for work and 12 per cent were retired. Median number of years of schooling was 14. Regarding religion, 37 per cent were Protestant, 27 per cent were Catholic, 10 per cent were other religions, and 26 per cent claimed no religion.

Median individual income was $30,000 - $31,999 while median household income was $60,000 - $64,999. Almost three in every four respondents owned their residence (72 per cent), while about one in four (28 per cent) were renters. The sample was compared to the Statistics Canada 2001 Census Age Profile for Alberta for age and found to be representative.[1]

[1] Lisa Barrett and April Schneider, 2003. The 2002 Alberta Survey Sampling Report. Population Research Laboratory, University of Alberta, Edmonton, Alberta.

3 Beliefs about the Curability of HIV

Table 1 shows almost one in every four respondents (24 per cent) in 2000 incorrectly believed HIV is curable. In 2002, only 15 per cent of respondents believed HIV is curable, a substantial improvement from 2000.

Table 1

Respondents' Beliefs About the Curability of HIV, 2000 and 2002

	Yes %	No %	Don't Know %	Total* %	(n)*
Is HIV curable?					
2000	23.5	70.5	6.0	100	1196
2002	15.3	79.9	4.8	100	1206

* Totals may not add to 100 because of rounding.

* In this table and subsequent tables, (n) = the number of respondents who answered a given question including those who said they "did not know" but excluding those persons who declined to answer.

4 Pregnancy and HIV

Table 2 shows more than nine in every ten respondents in 2002 correctly believed a pregnant woman can pass HIV to her unborn child. This result is the same as found in the 2000 survey.

Table 2

Respondents' Beliefs About Pregnancy and HIV, 2000 and 2002

	Yes %	No %	Don't Know %	Total* %	(n)
Can a pregnant woman pass HIV to her unborn child?					
2000	93.4	2.5	4.1	100	1200
2002	91.6	3.2	5.2	100	1208

* Totals may not add to 100 because of rounding.

Table 3 shows about one-quarter (24 per cent) of respondents in 2002 were aware women in Alberta are routinely tested for HIV when they become pregnant. About two-thirds (64 per cent) were correct in believing a pregnant woman in Alberta can refuse to be tested for HIV, although almost three in every four respondents (73 per cent) felt all pregnant women in Alberta should be tested for HIV.

Table 3

Respondents' Beliefs About the Testing of Pregnant Women for HIV, 2002

	Yes %	No %	Don't Know %	Total* %	(n)
Do you think women in Alberta are routinely tested for HIV when they become pregnant?	24.3	50.2	25.5	100	1206
Can pregnant women in Alberta refuse to be tested for HIV?	64.0	8.8	27.2	100	1206
Do you think all pregnant women in Alberta should be tested for HIV?	73.3	22.4	4.3	100	1200

* Totals may not add to 100 because of rounding.

Testing of pregnant women in Alberta for HIV has been routine since September 1, 1998. In the 2002 survey, as reported above in Table 3, all respondents were asked: "Do you think women in Alberta are routinely tested for HIV when they become pregnant?" A similar question was asked in the 2000, 1998 and 1996 surveys. Table 4 compares the responses to these questions from the 2002, 2000, 1998 and 1996 surveys and shows that awareness of routine testing went up in 1998 but declined in 2000 and 2002.

In the 2002 survey, as reported in Table 3, all respondents were asked: "Can pregnant women in Alberta refuse to be tested for HIV?" In 2000, a similar question was asked of those respondents who knew pregnant women are routinely tested. Table 4 shows that in both surveys about two-thirds of respondents knew pregnant women in Alberta can refuse to be tested for HIV.

In the 2002 survey, as reported in Table 3, all respondents were asked: "Do you think all pregnant women in Alberta should be tested for HIV?" A similar question was asked in the 2000 and 1995 surveys. Table 4 compares the responses to this question from the 2002, 2000 and 1995 surveys. In 1995, two out of every three respondents (65 per cent) believed pregnant women should be tested. This figure increased to 73 per cent in the 2002 survey.

Table 4

A Comparison of Respondents' Beliefs Over Time
About the Testing of Pregnant Women for HIV

	Yes %	No %	Don't Know %	Total* %	(n)
2002: Do you think women in Alberta are routinely tested for HIV when they become pregnant?	24	50	26	100	1206
2000: Do you think pregnant women are routinely tested for HIV?	29	52	19	100	1201
1998: Do you think pregnant women are automatically tested for HIV?	39	40	20	99	1199
1996: Do you think pregnant women are automatically tested for HIV?	28	48	23	99	1202
2002: Can pregnant women in Alberta refuse to be tested for HIV? [Asked of all respondents]	64	9	27	100	1206
2000: Can pregnant women refuse to be tested for HIV? [Asked only of persons who think pregnant women are routinely tested]	67	15	17	99	344
2002: Do you think all pregnant women in Alberta should be tested for HIV? [Asked of all respondents]	73	22	4	99	1200
2000: Do you think all pregnant women should be tested for HIV? [Asked only of respondents who knew pregnant women are routinely tested]	84	14	2	100	341
1995: Should expectant mothers be tested for HIV, even if they do not give consent? [Asked of all respondents]	65	31	4	100	1197

* Totals may not add to 100 because of rounding.

5 Sharing Needles and HIV

Table 5 shows that about nine out of ten respondents to the 2000 and 2002 surveys said they did not know anybody personally who had injected drugs in the past year that were not prescribed for them by a doctor. On the other hand, about one in 10 (10 per cent in 2000 and eight per cent in 2002) said they knew at least one person who had injected non-prescription drugs and a little over two per cent of respondents in both surveys said they knew six or more such persons.

Table 5

How many people do you know personally who, in the past year, have injected drugs that were not prescribed for them by a doctor? 2000 and 2002

How many people do you know personally who, in the past year, have injected drugs ...?	2000		2002	
	Frequency	%	Frequency	%
0	1061	89.9	1090	91.6
1 or more	120	10.2	100	8.4
Total*	1180	100.1	1191	100.0
1	26	2.2	40	3.4
2	28	2.4	13	1.1
3	11	0.9	9	0.8
4	10	0.8	9	0.7
5	10	0.8	3	0.3
6 or more	26	2.2	26	2.1
Some	9	0.8		
Total*	120	10.1	100	8.4

* Figures may not add to totals because of weighting and rounding.

Of the eight per cent of respondents in 2002 who knew at least one person who, in the past year, injected drugs that were not prescribed for them by a doctor, 28 per cent said they knew of an instance when this person or persons had shared needles or other equipment used for injecting drugs with other people when injecting, 62 per cent said the person or persons had not shared needles, while another 10 per cent said they did not know if needles had been shared. In other words, 28 respondents (two per cent) out of a total of 1209 respondents knew at least one person who had injected non-prescription drugs in the past year and had shared needles or other equipment used for injecting drugs on at least one occasion with other people when injecting. A similar question was asked in the 2000 survey and identified 23 respondents (two per cent) out of a total of 1201 respondents who knew at least one person who had injected non-prescription drugs in the past year and had shared needles or other equipment used for injecting drugs with other people when injecting.

Table 6 shows almost all respondents to the 2000 and 2002 surveys were aware a person can become infected with HIV by sharing needles used for:

- injecting steroids;
- injecting non-prescription drugs;
- injecting prescription drugs;
- body or ear piercing;
- tattooing.

Table 6

Respondents' Beliefs About the Possibility of
Becoming Infected with HIV by Sharing Needles, 2000 and 2002

Can a person become infected with HIV by sharing needles for:	Yes %	No %	Don't Know %	Total* %	(n)
Steroids (non-prescription)?					
2000	96.9	0.2	2.9	100	1199
2002	96.7	0.9	2.4	100	1207
Other drugs not prescribed for them by a doctor?					
2000	96.8	0.5	2.7	100	1199
2002	97.3	1.2	1.6	100.1	1205
Drugs prescribed for them by a doctor?					
2000	91.5	4.7	3.8	100	1199
2002	88.2	9.5	2.2	99.9	1205
Body or ear piercing?					
2000	93.6	2.2	4.2	100	1198
2002	92.1	4.2	3.6	99.9	1208
Tattooing?					
2000	93.8	2.4	3.8	100	1199
2002	92.7	3.1	4.2	100	1207

* Totals may not add to 100 because of rounding.

6 Sex and HIV

Most respondents to the 2000 and 2002 surveys were aware a person can get HIV from sexual activities including:

- vaginal sex without a condom;
- anal sex without a condom;
- oral sex;
- sharing sex toys.

Table 7 shows almost all respondents were aware a person can get HIV through unprotected vaginal or anal sex (i.e. without a condom) and three in every four respondents in 2002 were aware a person can get HIV through oral sex or sharing sex toys.

Table 7 also shows 14 per cent of respondents in 2002 incorrectly believed a person can get HIV through hugging and kissing. Another five per cent said they did not know if a person can get HIV through hugging and kissing.

Table 7

Respondents' Beliefs About the Possibility of Getting HIV
Through Unprotected Sexual Activities, 2000 and 2002

Can a person get HIV through	Yes %	No %	Don't Know %	Total* %	(n)
Vaginal sex without a condom?					
2000	96.9	1.0	2.1	100	1199
2002	98.6	0.7	0.7	100	1206
Anal sex without a condom?					
2000	92.5	1.3	6.3	100.1	1194
2002	94.8	1.3	3.9	100	1207
2000: Oral sex without a protective barrier?	79.4	8.4	12.2	100	1196
2002: Oral sex?	74.9	13.5	11.6	100	1206
2000: Sharing sex toys without cleaning with soap and water or without using a new condom on the toy for each person?	83.6	5.2	11.2	100	1194
2002: Sharing sex toys?	74.9	10.8	14.3	100	1203
Hugging and kissing?					
2002	14.3	80.8	4.9	100	1206

* Totals may not add to 100 because of rounding.

7 Young People and HIV

Table 8 shows that less than one in five respondents in 2000 and 2002 think "most" young people today are protecting themselves against HIV, while almost three in every four respondents think "some, or a few" young people are protecting themselves.

Table 9 shows two-thirds of respondents in 2000 believed "young people today are complacent about HIV prevention messages" while in 2002, over half believed "young people today are not paying attention to HIV prevention messages." Over 70 per cent believed in both 2000 and 2002 that young people today are at no less risk of being infected with HIV than young people were five years ago.

Table 8

Respondents' Opinion About Young People and HIV, 2000 and 2002

	Most %	Some, or a few %	None %	Don't Know %	Total* %	(n)
Do you think young people today are protecting themselves against HIV?						
2000	18.5	73.3	4.0	4.2	100	1199
2002	19.4	70.8	5.7	4.1	100	1205

* Totals may not add to 100 because of rounding.

Table 9

Respondents' Beliefs About Young People and HIV, 2000 and 2002

Do you believe	Yes %	No %	Don't Know %	Total* %	(n)
2000: Young people today are complacent about HIV prevention messages?	66.0	25.1	8.9	100	1179
2002: Young people today are not paying attention to HIV prevention messages?	52.5	39.4	8.1	100	1195
Young people today are less at risk of being infected with HIV than young people were five years ago?					
2000	21.9	74.7	3.4	100	1198
2002	24.9	71.9	3.2	100	1203

* Totals may not add to 100 because of rounding.

In the 2002 survey, the 39 per cent of respondents who believed young people today are not paying attention to HIV prevention messages were asked why they thought this. The explanations offered by these respondents typically made reference to the perceived invincibility, impulsiveness, irresponsibility and/or ignorance of youth. The following comments are illustrative.

Invincibility: "They feel invincible, that it won't happen to them." "Because of the it-cannot-happen-to-me syndrome." "They think they're immortal." "They think they are not vulnerable." "They do not think of the consequences." "They are in denial."

Impulsiveness: "The heat of the moment." "They are not able to delay gratification." "They are not thinking of their future." "They get caught up in the moment."

Invincibility and impulsiveness: "Young people are impulsive and tend to think they are invincible." "They don't think about it before hopping into bed with someone. They think they are invincible."

Irresponsibility: "They are reckless." "They don't care. They are careless." "They have a lack of responsibility." "They do not pay attention to anything." "They don't listen to anything." "They are stubborn. They do not listen to messages." "Because they want the pleasure regardless of the consequences." "They just want to have fun and they don't want to listen to other people." "I think young people rebel against everything." "They are way too free sexually."

Ignorance: "They are not being educated." "They don't know enough about it." "It is not strongly emphasized in school." "Their parents and teachers are not telling them enough about it." "They are not being educated about it at home." "They believe it is mostly a homosexual disease." "Young people do not realize the seriousness of the issue." "They think there is a cure to prevent them from dying from HIV."

Other: "Maybe they are embarrassed to buy condoms." "They think the messages are a joke." "They are bombarded with so many messages and that's just one more thing they are told not to do so they just stop listening." "Lack of self esteem." "Peer pressure." "They are too trusting of their partner."

8 Preventing the Spread of HIV

Table 10 shows most respondents (88 per cent) in 2000 believed more prevention messages are needed to prevent further spread of HIV. Virtually the same percentage in 2002 (87 per cent) believed more public messages are needed about how to prevent the spread of HIV. Furthermore, in both 2000 and 2002, most respondents (over 70 per cent) believed more access to condoms and needle exchange programs is needed to prevent further spread of HIV.

Table 10

Respondents' Beliefs About Preventing the Spread of HIV, 2000 and 2002

Do you believe that to prevent further spread of HIV	Yes %	No %	Don't Know %	Total* %	(n)
2000: We need more prevention messages?	87.8	9.6	2.6	100	1198
2002: We need more public messages about how to prevent the spread of HIV?	87.4	11.3	1.3	100	1207
2000: We need more access to condoms and needle exchanges?	78.6	17.3	4.1	100	1186
2002: We need more access to condoms?	70.9	26.3	2.8	100	1199
2002: We need more access to needle exchange programs?	76.9	16.2	6.9	100	1199

* Totals may not add to 100 because of rounding.

Respondents to the 1995 and 1998 surveys were asked for their opinions about public health messages on the prevention of HIV. While the questions asked in 1995 and 1998 were somewhat different in both wording and response categories from the questions asked in 2000 and 2002, comparisons are possible and are shown in Table 11. In all four years, there is a high endorsement of prevention messages.

Table 11

Comparison of Respondents' Beliefs About Prevention Messages, 2002, 2000, 1998 and 1995

	Yes %	No %	Don't Know %	Total* %	(n)
2002: Do you believe that to prevent further spread of HIV, we need more public messages about how to prevent the spread of HIV?	87	11	1	99	1207
2000: Do you believe that to prevent further spread of HIV, we need more prevention messages?	88	10	3	101	1198

	More %	Same %	Less %	Don't Know %	Total* %	(n)
1998: Should Alberta Health and Wellness provide more, less, or about the same public health messages on prevention of HIV?	58	33	1	8	100	1193
1995: Should Alberta Health and Wellness provide more, less, or about the same public health messages on prevention of HIV/AIDS?	54	41	3	3	101	1203

* Totals may not add to 100 because of rounding.

9 Beliefs about Sexually Transmitted Diseases

Several questions about sexually transmitted diseases (STD) were included in the 2002 survey that were not asked in the 2000 survey. Table 12 shows that virtually all respondents (98 per cent) were aware a person can have a sexually transmitted disease and not know they have it. Most respondents also knew STD can cause infertility (93 per cent) and loss of pregnancy (87 per cent). Fifty-seven per cent of respondents were aware that having a sexually transmitted disease can increase one's chances of getting HIV, while only 41 per cent were aware STD can cause cancer.

Table 12
Respondents' Beliefs About Sexually Transmitted Diseases, 2002

Do you believe the following statements to be true?	Yes %	No %	Don't Know %	Total* %	(n)
A person can have a sexually transmitted disease and not know they have it.	98.3	1.2	0.5	100	1206
Sexually transmitted diseases could cause infertility or the inability to get pregnant (or to get someone else pregnant).	93.3	2.9	3.8	100	1205
Sexually transmitted diseases could cause pregnancy loss.	86.7	3.2	10.1	100	1206
Having a sexually transmitted disease could increase your chances of getting HIV.	56.8	26.9	16.3	100	1205
Sexually transmitted diseases could cause cancer.	41.3	30.7	27.9	99.9	1207

* Totals may not add to 100 because of rounding.

10 Sources of Information about HIV and STD

Respondents to the 2002 survey were asked, "What is your MAIN source of information about HIV and/or sexually transmitted diseases?" Table 13 shows the most commonly identified sources of information were: television/movies (30 per cent), books/magazines (20 per cent), school (14 per cent), newspapers (10 per cent), doctor/nurse/clinic (nine per cent) and pamphlets (six per cent). This question was not asked in previous surveys.

Respondents to the 2002 survey were then asked, "Where would you MOST like to get your information about HIV and/or sexually transmitted diseases?" Table 13 shows the most commonly preferred sources of information were: doctor/nurse/clinic (35 per cent), television/movies (20 per cent), books/magazines (11 per cent), school (eight per cent), Internet (eight per cent), newspapers (seven per cent) and pamphlets (six per cent). This question was not asked in previous surveys.

While 35 per cent of respondents said they would MOST prefer to get information about HIV or STD from doctor/nurse/clinic, only nine per cent of the respondents indicated that this has been their MAIN source of information about HIV or STD.

Table 13

Sources of Information about HIV or STD, 2002

	Main Source of Information %	Preferred Source of Information %
Television/movies	30.2	20.0
Books/magazines	19.6	11.1
School	13.5	7.8
Newspapers	9.9	7.2
Doctor/nurse/clinic	9.0	34.8
Pamphlets	6.3	6.1
Internet	2.9	7.8
Work	2.9	0.5
Friends	1.7	0.3
Media (general)	1.2	0.7
Family		
- Parents	0.1	0.2
- Other family members	0.8	0.4
Radio	0.6	0.9
Telephone Hot Line	0.0	0.1
Other	1.5	2.3
Total*	100.2	100.2
(n)	(1178)	(1159)

* Totals may not add to 100 because of rounding.

11 Internet and Sexual Contact

Table 14 shows nine per cent of respondents (113 persons out of a total of 1204 respondents) to the 2002 survey indicated they or persons they know have used the Internet to arrange anonymous sexual contact. This question was not asked in previous surveys.

Table 14

Use of the Internet to Arrange Sexual Contact, 2002

	Yes %	No %	Don't Know %	Total* %	(n)
Have you or has anyone you know ever used the Internet to arrange anonymous sexual contact?	9.4	89.5	1.1	100	1204

* Totals may not add to 100 because of rounding.

12 Becoming Infected with Hepatitis C

A person can become infected with Hepatitis C through:

- sharing needles;
- sexual contact;
- blood transfusions with infected blood and contact with bodily fluids including blood;
- sharing personal items such as razors or toothbrushes.

The following are not sources of infection: saliva, poor hygiene/not washing hands/unhygienic food preparation, sharing food/eating utensils, airborne/sneezing/coughing, kissing, alcohol abuse or heredity.

Table 15 shows most respondents to the 2002 survey knew a person can get Hepatitis C by sharing needles or other equipment to inject drugs not prescribed by a doctor (82 per cent), for body/ear piercing (79 per cent), for steroids (82 per cent) or for tattooing (81 per cent); via sexual contact (73 per cent) and from blood transfusions with infected blood (before 1992 when a test for Hepatitis C was developed) (92 per cent). About one-half of respondents to the 2002 survey knew a person can get Hepatitis C by sharing personal items such as razors (53 per cent) or toothbrushes (48 per cent). On the other hand, 16 per cent of respondents to the 2002 survey mistakenly believed a person can get Hepatitis C from someone who is sneezing or coughing or by hugging, kissing or shaking hands.

Table 15
Respondents' Beliefs About How a Person Can Become Infected with Hepatitis C, 2002

Can a person get Hepatitis C by:	Yes %	No %	Don't Know %	Total* %	(n)
Sharing needles or other equipment used to inject drugs not prescribed by a doctor?	81.9	2.2	15.9	100	1207
Sharing needles or other equipment used to inject drugs prescribed by a doctor?	78.4	6.7	14.9	100	1205
Sharing needles for body/ear piercing?	79.0	4.7	16.3	100	1204
Sharing needles for steroids (non-prescription)?	82.2	2.9	14.9	100	1204
Sharing needles for tattooing?	80.9	4.3	14.8	100	1203
Sexual contact?	72.9	11.8	15.4	100.1	1205
Blood transfusions before 1992? (when a test for Hepatitis C was developed)	91.7	2.0	6.3	100	1203
Sharing razors?	53.3	26.4	20.3	100	1199
Sharing toothbrushes?	47.9	29.4	22.7	100	1203
Someone who is sneezing or coughing?	16.0	64.8	19.3	100.1	1203
Hugging, kissing or shaking hands?	15.5	71.0	13.5	100	1203

* Totals may not add to 100 because of rounding.

Table 16 compares respondents' beliefs in 2000 and 2002 about becoming infected with Hepatitis C by sharing needles. This question was asked of all respondents to the 2002 survey and of the 481 respondents to the 2000 survey who said they knew how a person becomes infected with Hepatitis C. Table 16 shows most respondents were aware a person can become infected with Hepatitis C by sharing needles used for:

- injecting steroids;
- injecting non-prescription drugs;
- injecting prescription drugs;
- body or ear piercing;
- tattooing.

Table 16

Respondents' Beliefs About How a Person Can Become Infected with Hepatitis C by Sharing Needles, 2000 and 2002

Can a person become infected with Hepatitis C by sharing needles for:	Yes %	No %	Don't Know %	Total* %	(n)
Steroids (non-prescription)?					
2000+	89	1	10	100	479
2002	82	3	15	100	1204
Other drugs not prescribed for them by a doctor?					
2000+	92	1	7	100	480
2002	82	2	16	100	1207
Drugs prescribed for them by a doctor?					
2000+	88	5	7	100	480
2002	78	7	15	100	1205
Body or ear piercing?					
2000+	89	3	9	101	481
2002	79	5	16	100	1204
Tattooing?					
2000+	90	3	8	101	480
2002	81	4	15	100	1203

* Totals may not add to 100 because of rounding.
+ In the 2000 survey, these questions were asked only of those persons who said they knew how a person becomes infected with Hepatitis C.

13 Testing for Hepatitis C or HIV

Table 17 shows that less than five per cent of respondents to the 2002 survey (n=55) said they would not go for a blood test to see if they had Hepatitis C or HIV if they ever, even once, shared injection drug equipment. On the other hand, 93 per cent indicated they would get tested while two per cent said they did not know if they would go for a blood test.

Table 17

Testing for Hepatitis C or HIV, 2002

	Yes %	No %	Don't Know %	Total* %	(n)
If you ever, even once, shared injection drug equipment, would you go for a blood test to see if you have Hepatitis C or HIV?	93.3	4.6	2.1	100	1187

* Totals may not add to 100 because of rounding.

The 55 respondents who said they would not go for a blood test were asked why they would not seek testing. Some respondents said they would not share injection drug equipment and therefore would have no need of testing. Similarly, some respondents said they, in fact, had not ever shared injection drug equipment and so would have no need of testing. As one person put it: "Because I haven't [shared injection drug equipment] so it's an ambiguous question." This question did not work very well.

The remaining responses fell into the following categories: wait and see, no motivation, and barriers to testing. The following comments are illustrative:

Wait and see: "Nature will tell me on its own." "I would wait until I got sick." "I would not go until I heard that person [I shared injection drug equipment with] was sick."

No motivation: "If I was sharing a needle, I would not be smart enough to go get a test." "If I was crazy enough to share a needle, I would be crazy enough not to get a blood test." "If you are sharing, you don't really care." "I am assuming if I ever did such a thing I would be so low in my life that I wouldn't care."

Barriers to testing: "Too embarrassed" "You would be branded if you had it." "Confidentiality reasons." "I would be too scared to find out if I had it." "I would not want to know."

14 Harm Reduction

The respondents to the 2000 and 2002 surveys were asked if they had heard about the concept or principles of harm reduction. Table 18 shows in 2002, 91 persons (eight per cent) out of a total of 1209 respondents said they had heard of the harm reduction approach, compared to six per cent of respondents to the 2000 survey.

The respondents to the 2002 survey were informed that:

> Harm reduction strategies aim to reduce or minimize the harm or negative consequences associated with higher-risk behaviours. Using a harm reduction approach with injection drug users could mean providing them with clean needles or needle exchange programs in order to help control the spread of diseases.

Respondents were then asked: Do you think harm reduction is a useful approach to take with injection drug users? Table 18 shows 82 per cent of respondents in 2002 said yes, 12 per cent said no, five per cent said they did not know and one per cent did not respond to the question.

Table 18

Respondents' Opinions About the Harm Reduction Approach, 2000 and 2002

	Yes %	No %	Don't Know %	No Response %	Total* %	(n)
Have you heard about the concept or principles of harm reduction?	5.5	93.7	0.8	0.0	100	1201
2000	7.5	91.3	1.1	0.1	100	1209
2002						
Do you think harm reduction is a useful approach to take with injection drug users?	83.6	11.9	4.5	0.0	100	67
2000 [asked only of respondents who said they had heard about harm reduction]						
2002 [asked of all respondents following explanation of harm reduction approach]	82.3	11.5	5.2	1.0	100	1209

* Totals may not add to 100 because of rounding.

The 82 per cent of respondents (995 persons) in 2002 who said they thought harm reduction was a useful approach to take with injection drug users were then asked why they thought it was a useful approach. Responses tended to represent four themes: reduces the risk of spreading disease, reduces the use of dirty needles, increases awareness and reduces health care costs. The following comments are typical.

Reduces the risk of spreading disease: "You may not be able to change their [injection drug users] behavior but you can at least prevent them from harming others through spreading disease." "It would stop the spread of diseases." "To cut down on the transmission of diseases." "It would stop the spread of HIV and Hepatitis C." "It would definitely cut down on the spread of AIDS and Hepatitis." "If you can't get them [injection drug users] to stop doing it [injecting drugs] at least you can provide them with clean needles so they don't infect themselves and others with disease."

Reduces the use of dirty needles: "This would eliminate sharing needles." "If they are going to be doing drugs they might as well be doing it safely [with clean needles]." "It stops them from sharing their needles. It gives them the chance to use a clean one." "It would be better for people to get their needles from a place where they know they are clean." "If they can't stop using drugs they will at least have clean needles and won't be sharing them."

Increases awareness: "Maybe people would find out about the danger of doing this." "It would make them [injection drug users] more aware of the danger of sharing needles." "It sounds like a good idea to inform them [injection drug users]." "It educates the users." "It informs them of the consequences of what they do." "It relates the consequences to the action and makes it real for them." "The more knowledge you have, the better off you are." "Increases awareness." "If you can get even one person to listen and do something you can at least save a life."

Reduces health care costs: "It is cheaper than the costs of treating someone who has already contracted a disease." "Society has to pay for the medical intervention for people who become sick. It's a lot cheaper to provide needles than to pay for the aftermath." "In the long run it costs us less."

The 12 per cent of respondents (139 persons) in 2002 who said they did not think harm reduction was a useful approach to take with injection drug users were asked why they thought it was not a useful approach. Most of the objections to the harm reduction approach could be placed in five categories: should not encourage drug use, does not solve the underlying problem, better to stop drug use, users will share needles anyway, and improper use of tax dollars. The following comments are illustrative.

Should not encourage drug use: "You're just encouraging them to keep taking the drugs." "You are condoning the use of drugs which are illegal." "I don't think it's right to encourage people to do something that's bad for them. … I don't think it's good to encourage and facilitate bad behaviour." "It condones the act. It would be like giving a thief better break-in equipment." "You are saying what is illegal is okay and we will help you complete your illegal act by giving you the equipment to do it." "It doesn't solve the problem, you are just making it okay for them." "It is supporting an addiction."

Does not solve the underlying problem: "Attack the problem at the source more." "The problem should be solved at the root." "I think that's a band-aid to the problem. I think that providing easy access to [needles] or putting fancy names on [programs] like 'harm reduction' is masking the underlying reasons why people are using drugs. Let's get at the root of the problem, whether that be teaching parents how to love their children so they will grow up not wanting to use drugs or marriage counsellors so partners don't engage in promiscuous activity."

Better to stop drug use: "It would be better just getting the people off of the drugs." "Why don't they just educate them to get them off the drugs?" "Get them education or into rehab." "I think people need support and rehabilitation … to help them get off

drugs." "Programs should be set up to get them off the drugs." "They should be helped to kick their habit rather than keep it going."

Users will share needles anyway: "Whether or not they have a dirty or clean needle, it does not matter to them." "People will still exchange needles outside of the program." "I feel they will still use dirty needles even if you provide them with clean ones."

Improper use of tax dollars: "I don't think tax dollars should be used for stuff like this." "Why should the taxpayers be paying for people to carry on illegal activities." "It's a waste of my money. I strongly disagree with drugs and don't see why I should have to pay." "I do not wish to pay for it." "Why should they get free supplies when those with diabetes do not get them for free?"

15 Summary and Conclusion

The 2002 survey of adult Albertans assessed knowledge, beliefs and opinions regarding HIV, Hepatitis C, and sexually transmitted diseases. Regarding knowledge and beliefs about HIV, most were aware a person can become infected with HIV by sharing needles used for injecting drugs, body piercing or tattooing. Most knew a person can get HIV from a variety of unprotected sexual activities. Most respondents knew a pregnant woman can pass HIV to her unborn child. Nevertheless, 15 per cent of respondents incorrectly believed HIV was curable and most respondents did not know pregnant women in Alberta are routinely tested for HIV.

Regarding opinions about HIV issues, most respondents felt all pregnant women should be tested for HIV. Most were of the opinion that the risk of getting HIV had not gone down in the past five years, but young people, nevertheless, are not paying attention to HIV prevention messages. This lack of attention was attributed to the perceived invincibility, impulsiveness, irresponsibility and ignorance of youth. Most believed more prevention messages are needed and more access to condoms and needle exchanges is needed to prevent further spread of HIV.

Regarding higher risk behaviors such as anonymous sexual contact and injection drug use, nine per cent of respondents indicated they or persons they know have used the Internet to arrange anonymous sexual contact, 10 per cent of respondents said they knew at least one person who had injected non-prescription drugs in the past year and two per cent said they knew at least one person who had shared needles when injecting. Only eight per cent of respondents were aware of the harm reduction approach to reducing the risk of disease transmission from higher risk behaviors such as injection drug use. When the concept of harm reduction was explained, most respondents indicated they felt it was a useful approach to the problem of injection drug use and for preventing the transmission of diseases.

Regarding knowledge and beliefs about sexually transmitted diseases, virtually all respondents were aware a person can have a sexually transmitted disease and not know they have it. Most respondents also knew STD can cause infertility and loss of pregnancy. Fifty-seven per cent of respondents were aware having a sexually transmitted disease can increase one's chances of getting HIV, while only 41 per cent were aware STD can cause cancer.

The main sources of information about HIV and STD were the various media (television, movies, books, magazines, newspapers and pamphlets) although one respondent in every three preferred to get such information from medical personnel such as doctors or nurses and in medical settings such as health care clinics.

Regarding knowledge and beliefs about Hepatitis C, most respondents knew a person can become infected with Hepatitis C by sharing needles used for a variety of purposes including injecting drugs, body piercing or tattooing. These respondents also knew a person can become infected with Hepatitis C by blood transfusion with infected blood, unprotected sexual contact and sharing personal items such as razors and toothbrushes.

In conclusion, this survey shows that while the public is quite well informed about HIV, Hepatitis C, and sexually transmitted diseases, continuing public education about these issues is both needed and desired by Albertans. Furthermore, the public continues to be concerned about the minority in the population who engage in higher risk behaviours such as injection drug use or unprotected sexual activities with anonymous and casual partners. There appears to be support for public programs using a harm reduction approach targeting persons who engage in higher risk behaviours.

APPENDIX

The HIV, Hepatitis C and STD 2002 Survey Questions[2]

THE FOLLOWING QUESTIONS ARE ABOUT HIV, THE VIRUS THAT CAUSES AIDS.

Please answer "Yes" or "No" depending on what you believe to be true.

D1
1. Is HIV curable?

1 Yes
2 No

8 Don't Know
0 No Response

D2
2. Can a pregnant woman pass HIV to her unborn child?

1 Yes
2 No

8 Don't Know
0 No Response

D3a
3a. Do you think women in Alberta are routinely tested for HIV when they become pregnant?

1 Yes
2 No

8 Don't Know
0 No Response

D3b
3b. Can pregnant women in Alberta refuse to be tested for HIV?

1 Yes
2 No

8 Don't Know
0 No Response

[2] Four questions (D7c, D13b, D14c and D14d) involved open-ended responses. Coding frames were derived from a thematic analysis of the open-ended responses and a numeric code was assigned to each response. The open-ended response codes have been added to the questionnaire shown in this appendix.

D3c
3c. Do you think all pregnant women in Alberta should be tested for HIV?

1 Yes
2 No

8 Don't Know
0 No Response

D4a
Can a person become infected with HIV by sharing needles for:

4a. Steroids (non-prescription)?

1 Yes
2 No

8 Don't Know
0 No Response

D4b
(Can a person become infected with HIV by sharing needles for:)
4b. ...other drugs not prescribed for them by a doctor?

1 Yes
2 No

8 Don't Know
0 No Response

D4c
(Can a person become infected with HIV by sharing needles for:)
4c. ...drugs prescribed for them by a doctor?

1 Yes
2 No

8 Don't Know
0 No Response

D4d
(Can a person become infected with HIV by sharing needles for:)
4d. ...Body/Ear Piercing?

1 Yes
2 No

8 Don't Know
0 No Response

D4e
(Can a person become infected with HIV by sharing needles for:)
4e. ...Tattooing?

1 Yes
2 No

8 Don't Know
0 No Response

D5a
5a. How many people do you know personally who, in the past year, have injected drugs that were not prescribed for them by a doctor?

_____ (RECORD NUMBER. IF 0, GO TO 6)

-1 Don't Know
-2 No Response

D5b
5b. Do you know of an instance where this person (any of these people) ever shared their needles or other equipment used for injecting drugs with other people when injecting?

1 Yes
2 No

8 Don't Know
0 No Response

THE NEXT SET OF QUESTIONS ASK ABOUT YOUR BELIEFS ON THE SPREAD OF HIV.

D6a
Can a person get HIV through:
6a. Hugging and kissing?

1 Yes
2 No

8 Don't Know
0 No Response

D6b
(Can a person get HIV through:)
6b. Vaginal sex without a condom?

1 Yes
2 No

8 Don't Know
0 No Response

D6c
(Can a person get HIV through:)
6c. Anal sex without a condom?

1 Yes
2 No

8 Don't Know
0 No Response

D6d
(Can a person get HIV through:)
6d. Oral sex?

1 Yes
2 No

8 Don't Know
0 No Response

D6e
(Can a person get HIV through:)
6e. Sharing sex toys?

1 Yes
2 No

8 Don't Know
0 No Response

D7a
7a. Do you think young people today are protecting themselves against HIV?
(READ)

1 Most
2 Some, or a few
3 None

8 Don't Know
0 No Response

D7b
Do you believe the following statements to be true? Please answer yes or no.

7b. Young people today are not paying attention to HIV prevention messages.

1 Yes
2 No (GO TO 7d)

8 Don't Know (GO TO 7d)
0 No Response (GO TO 7d)

D7c
7c. Why do you think some young people are not paying attention to HIV prevention messages? (OPEN ENDED)

[This was an open-ended question. The responses were coded as follows.]

1 Invincibility
2 Impulsiveness
3 Irresponsibility
4 Ignorance
5 Other

8 Don't know/answer not relevant
9 Not applicable

D7d
7d. Young people today are less at risk of being infected with HIV than young people were 5 years ago.

1 Yes
2 No

8 Don't Know
0 No Response

D7e
7e. To prevent further spread of HIV, we need more public messages about how to prevent the spread of HIV.

1 Yes
2 No

8 Don't Know
0 No Response

D7f
7f. To prevent further spread of HIV, we need more access to condoms.

1 Yes
2 No

8 Don't Know
0 No Response

D7g
7g. To prevent further spread of HIV, we need more access to needle exchange programs.

1 Yes
2 No

8 Don't Know
0 No Response

The following questions are about sexually transmitted diseases or STD. Sexually transmitted diseases are diseases that can spread from one person to another by sexual contact. Gonorrhoea and syphilis are examples of STD. (More information about STD can be found by calling the STD/HIV Information line toll free at 1-800-772-2437.)

D8a
Do you believe the following statements to be true? Please answer yes or no.

8a. A person could have a sexually transmitted disease and not know they have it.

1 Yes
2 No

8 Don't Know
0 No Response

D8b
8b. Sexually transmitted diseases could cause cancer.

1 Yes
2 No

8 Don't Know
0 No Response

D8c

8c. Sexually transmitted diseases could cause infertility or the inability to get pregnant (or to get someone else pregnant).

1 Yes
2 No

8 Don't Know
0 No Response

D8d

8d. Sexually transmitted diseases could cause pregnancy loss.

1 Yes
2 No

8 Don't Know
0 No Response

D8e

8e. Having a sexually transmitted disease could increase your chances of getting HIV.

1 Yes
2 No

8 Don't Know
0 No Response

D9

9. What is your MAIN source of information about HIV and/or sexually transmitted diseases?(DO NOT READ. SELECT THE ONE THAT APPLIES)

1 Internet
2 Television/Movies
3 Books/Magazines
4 Pamphlets
5 Doctor/Nurse/Clinic
6 Friends
7 Parents
8 Other Family Member
9 Telephone "Hot Line"
10 School (Teacher, Nurse, Counsellor)
11 Other (PLEASE SPECIFY):_____
12 Newspapers
13 Work

-1 Don't Know
0 No Response

D10

10. Where would you MOST like to get your information about HIV or sexually transmitted diseases?
(DO NOT READ.SELECT THE ONE THAT APPLIES)

1 Internet
2 Television/Movies
3 Books/Magazines
4 Pamphlets
5 Doctor/Nurse/Clinic
6 Friends
7 Parents
8 Other Family Member
9 Telephone "Hot Line"
10 School (Teacher, Nurse, Counsellor)
11 Other (PLEASE SPECIFY):_____
12 Radio
13 Newspaper

-1 Don't Know
0 No Response

D11

11. Have you or anyone you know ever used the Internet to arrange anonymous sexual contact?

1 Yes
2 No

8 Don't Know
0 No Response

The following questions are about Hepatitis C, which is a liver disease caused by the Hepatitis C virus. (More information about Hepatitis C can be obtained from the Canadian Liver Foundation 1-800-563-5483)

D12a

Can a person get Hepatitis C:

12a. ...by sharing needles or other equipment used to inject drugs not prescribed by a doctor?

1 Yes
2 No

8 Don't Know
0 No Response

D12b
(Can a person get Hepatitis C:)
12b. ...by sharing needles or other equipment used to inject drugs prescribed by a doctor?

1 Yes
2 No

8 Don't Know
0 No Response

D12c
(Can a person get Hepatitis C:)
12c. ...by sharing needles for body/ear piercing ?

1 Yes
2 No

8 Don't Know
0 No Response

D12d
(Can a person get Hepatitis C:)
12d. ...by sharing needles for steroids (non-prescription)?

1 Yes
2 No

8 Don't Know
0 No Response

D12e
(Can a person get Hepatitis C:)
12e. ...by sharing needles for tattooing?

1 Yes
2 No

8 Don't Know
0 No Response

D12f
(Can a person get Hepatitis C:)
12f. ...by hugging, kissing or shaking hands?

1 Yes
2 No

8 Don't Know
0 No Response

D12g
(Can a person get Hepatitis C:)
12g. ...by sharing razors?

1 Yes
2 No

8 Don't Know
0 No Response

D12h
(Can a person get Hepatitis C:)
12h. ...by sharing toothbrushes?

1 Yes
2 No

8 Don't Know
0 No Response

D12i
(Can a person get Hepatitis C:)
12i. ...by sexual contact?

1 Yes
2 No

8 Don't Know
0 No Response

D12j
(Can a person get Hepatitis C:)
12j. ...by someone who is sneezing or coughing?

1 Yes
2 No

8 Don't Know
0 No Response

D12k
(Can a person get Hepatitis C:)
12k. ...by blood transfusion before 1992? (when a test for Hepatitis C was developed)

1 Yes
2 No

8 Don't Know
0 No Response

D13a

13a. If you ever, even once, shared injection drug equipment, would you go for a blood test to see if you have Hepatitis C or HIV?

1 Yes (GO TO 14a)
2 No (GO TO 13b)

8 Don't Know
0 No Response

D13b

13b. (If No) Why not? (OPEN ENDED)

[This was an open-ended question. The responses were coded as follows.]

1 Would not share injection drug equipment
2 Have not shared injection drug equipment
3 Wait and see
4 No motivation
5 Barriers to testing
6 Other

8 Don't know
9 Not applicable

The following questions are about harm reduction

D14a

14a. Have you heard about the concept or principles of harm reduction?

1 Yes
2 No

8 Don't Know
0 No Response

Harm reduction strategies aim to reduce or minimize the harm or negative consequences associated with higher risk behaviours. Using a harm reduction approach with injection drug users could mean providing them with clean needles or needle exchange programs in order to help control the spread of diseases.

D14b

14b. Do you think harm reduction is a useful approach to take with injection drug users?

1 Yes (GO TO 14c)
2 No (GO TO 14d)

8 Don't Know
0 No Response

D14c

14c. (IF YES) Why do you think harm reduction is a useful approach to take with injection drug users? (OPEN ENDED)

[This was an open-ended question. The responses were coded as follows.]

1 Reduces the risk of spreading disease
2 Reduces the use of dirty needles
3 Increases awareness
4 Reduces health care costs
5 Other

8 Don't know/answer not relevant
9 Not applicable

D14d

14d. (IF NO) Why don't you think harm reduction is a useful approach to take with injection drug users? (OPEN ENDED)

[This was an open-ended question. The responses were coded as follows.]

1 Encourages drug use
2 Does not solve the underlying problem
3 Better to stop drug use
4 Users will share needles anyway
5 Improper use of tax dollars
6 Other

0 No response
8 Don't know
9 Not applicable